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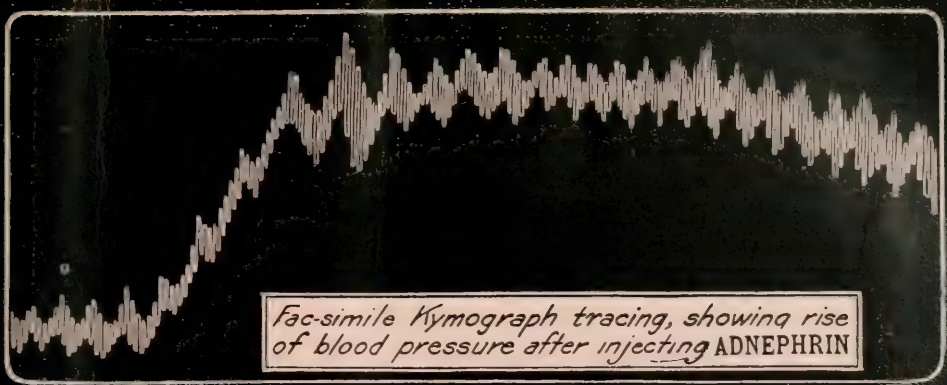

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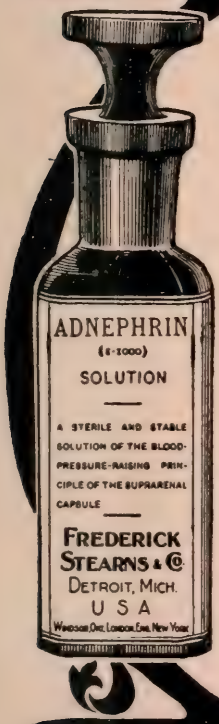

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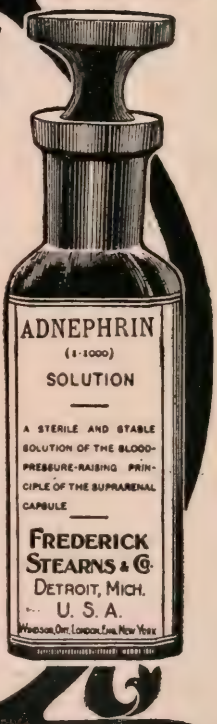

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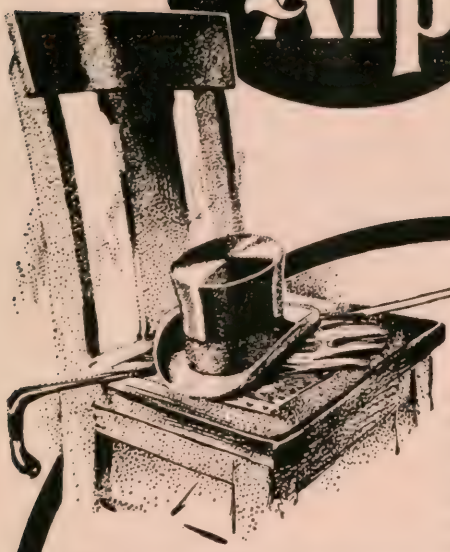

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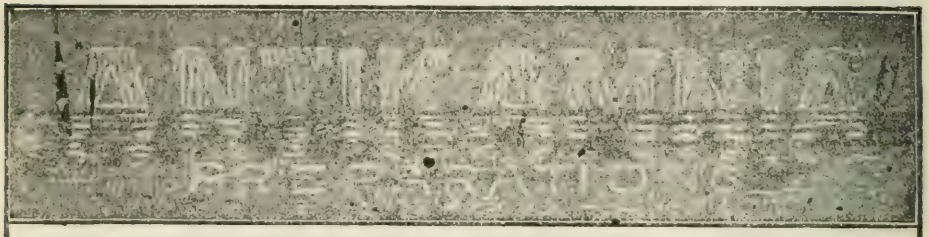

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Presidental Address.

HISTORY OF VITAL STATISTICS*

By G. M. CAMPBELL, M. D., Halifax, N. S.

LADIES AND GENTLEMEN,—I am glad as your presiding officer to join with the chairman of the Local Committee in extending to you the glad hand of cordial friendship and hospitality. We welcome you as brothers in a common cause, bound by ties that admit of no selfish aims or sordid motives. We mingle as loyal brethren, and give to each other and to the world at large, all of the best that we may possess for the relief of human suffering and the protection of human life. And when, our papers and discussions concluded, we leave this hall, you will be guided by the Committee of Entertainment and the profession of Halifax into ways and places that I hope you will consider neither dull nor sad. It is a poor heart that never rejoices.

I have had very great difficulty in making choice of a subject for an address. I have concluded, however, to give a short history of "Vital Statistics," with which I hope you will exercise patience.

The word Statistic is derived from the Latin *status*, which in the so-called Middle Ages had come to mean a "state" in the political sense. "Statistic" therefore originally denoted inquiries in the condition of a state. The Romans, who may be described as the most business-like people of antiquity, were careful to obtain accurate information regarding the resources of the state, and they appear to have carried on the practice of taking the census, a very comprehensive statistical operation, with a regularity which has hardly been surpassed in modern times.

*Delivered before the Maritime Medical Association, Halifax, July 6th, 1904.

The materials for statistics existed at a very early period, but it was not until within the last three centuries that systematic use of the information available began to be made for purposes of investigation and not of mere information. The earliest work was published in Venice in 1585.

Works on state administration and finance continued to be published during the first half of the 17th century, and the tendency to employ figures, became more marked, especially in England, where the facts connected with bills of mortality had begun to attract attention.

In the year 1660, Hermann Cowring, Professor of Medicine and Politics, in the University of Helmstadt, was in the habit of giving lectures in which he analyzed and discussed the circumstances existing in various countries in so far as they affected the happiness of the inhabitants.

Achenwall (1719-1772) who is sometimes spoken of as "The father of modern statistics" is usually credited with being the first writer who made use of the word "statistics" which he applied to his collection of "noteworthy matters regarding the state."

In any case statistics in the modern sense of the word did not really come into existence until the publication by J. P. Süsmilch, a Prussian clergyman, of a work entitled, "The Divine Order as shown in the Variations of the Human Species from a consideration of Births, Deaths and Marriages."

In this book a systematic attempt was made to make use of a class of facts which up to that time had been regarded as belonging to "political arithmetic," under which description some of the most important problems of which modern writers term "vital statistics" had been studied, especially in England.

Political arithmetic had come into existence in England in the middle of the 17th century. The earliest work is that of Captain John Graunt, of London, entitled, "Natural and Political Annotations made upon the Bills of Mortality," published in 1666.

Quetelet published his work in 1835, and as a result the Statistical Society of London was founded in 1835, and in 1837 the first Act was passed in England for the Registration of Births, Deaths and Marriages.

The Statistical Society of London has had a considerable and very useful influence on the practical work of carrying out statistical investigation in the United Kingdom and elsewhere.

In 1761, an Act was passed in Nova Scotia for the registering of marriages, births and deaths. This was enacted to prevent the great uncertainty and inconvenience that may happen for want of a register of marriages, births and deaths. Proprietors clerks were appointed registrars in the respective townships. They received a fee of sixpence from those getting married and from the parents and nearest

of kin of those born or dying. Those refusing to comply were subject to a fine of 5 shillings. Their goods were subject to a levy if not paid in 4 days. A shilling was charged for every certificate issued. The registry so kept shall be sufficient evidence in any court of record within the province. In the same year was passed an Act to prevent the spreading of contagious distempers.

In 1782 the Act of 1761 was amended. Townclerks to be registrars instead of proprietors clerks. The fee for each registry was made one shilling. The town clerk to apply to ministers of townships for a list of all marriages, births or deaths recorded by them, before the making of this Act and from time to time hereafter, and to enter the same in a book kept for that purpose.

In the Revised Statutes ot Nova Scotia, 1851, First Series, the next reference is found Chap. 123, p. 328.

Registry of Births, Deaths and Marriages.

1. Every person who mav baptise, marry or perform the burial service shall keep a registry shewing the names, ages of the persons whom he shall have baptized and married, or who have been born or who have died within his cure or belonging to his congregation, a return of which in duplicate under his hand shall by him be forwarded to the clerk of peace in the county where he shall reside or officiate at the time within ten days after the 1st of January in every year, one of which returns shall be filed in the office of the clerk of the peace as a public record, and the other shall be transmitted by the clerk of the peace to the Board of Registration and Statistics at Halifax. Parents, in case their children shall not be baptized within one year after their birth, shall, within that period, give notice to the town clerk who shall keep a registry of such births similar to that required to be kept by persons who may baptize, and shall make returns thereof to the clerk of the peace at the times and in the manner hereinbefore prescribed.

2. Any person neglecting to keep the register or to make the returns as required by this chapter, and any clerk of the peace neglecting to transmit such return as herein directed shall, for such offence, forfeit five pounds.

March 1st, 1861. Hon. Mr. Archibald presented a petition in the House of Assembly from the Rev. John Cramp, praying the house to adopt such measures as shall secure to this province the advantages connected with a general registration of births, marriages and deaths.

Petitioner states that a general register office was established in England in 1837 which has been productive of beneficial results of great value by affording to all parties the means of ascertaining the dates and places of births, marriages and deaths at small expense, thus facilitating legal arrangements and preventing in numerous instances injurious delays or even loss of property.

March 2nd, 1862. A bill was introduced into the Legislative Assembly, but no further action was taken.

At a meeting of the Medical Society of Nova Scotia, held Oct. 1st, 1861, at the residence of Dr. C. (now Sir Charles) Tupper. Dr. Tupper, before moving the following resolution, made some remarks upon the want of statistical information regarding diseases and mortality in this province. He thought the subject of registration a very important one, and as there was no likelihood of the Legislature taking it up, that the Society should endeavor to make a beginning if only for the information of its own members. He then moved the following resolution which was seconded by Dr. Almon and passed unanimously:

Resolved, That this Society should request all its members to forward an annual register of all cases attended by them and the result, and also the cause of death in all fatal cases, and that a committee be appointed to carry out the above object.

Drs. Tupper, Almon and Gossip were named as a committee for that purpose-

Feb. 2nd, 1864. Dr. Lewis read an essay on "Vital Statistics of Nova Scotia," shewing the necessity for a proper registration of births, marriages and deaths.

Some remarks were made upon the importance of registration, when Dr. Parker moved that a committee be appointed to take what steps they might deem necessary to bring the subject under the notice of the Legislature and to further the object in view. Seconded by Dr. Black and passed.

March 1st, 1864. Report of Committee. The committee appointed at last meeting to take into consideration the subject of registration, beg leave to report that finding from the speech of His Honor the Administrator of the Government at the opening of the House of Assembly that a bill was to be brought forward by the Government during the present session providing for a proper registration of births, marriages and deaths, and that any action they might have been disposed to take in the matter had been thus forestalled, they determined to supply those interested with all the information on the subject in the possession of the Society, and for that purpose ordered the publication of the essay on the "Vital Statistics of Nova Scotia, etc.," by Dr. Lewis.

Feb. 4, 1864. In the address by Charles Hastings Doyle, the matter appears thus:—

15. A bill to provide for the proper registration of births, marriages and deaths, a subject of very great importance, will be brought under your notice.

In the Reply.

12. Any measure providing for the proper registration of births, marriages and deaths will meet with the attention so important a question deserves.

March 9th, 1864. The Attorney General introduced this bill, viz.: Solemnization of marriage and the registration of marriages, births and deaths.

It was amended by the Legislative Council so that Deputy Registrars made their returns direct to the Provincial Secretary instead of to a County Registrar. This saved an office in each county. Mr. Archibald opposed the centralization and appointment of a central officer. For the same reason a Dr. Brown voted against the bill. The bill passed and is found in the Revised Statutes of 1864, Chap. 120, p. 414.

July 1st, 1867. At Confederation the Dominion Government took over the Nova Scotia plan of Vital Statistics.

In Ontario, however, the Ontario Legislature passed an Act in 1868-69 for registration of births and deaths.

Sir Charles Tupper contended that under British North America Act, the Dominion Government had sole control of Vital Statistics. Sir Alexander McKenzie thought otherwise, that it belonged to the Local Legislature and was not for consideration.

Feb. 17th, 1875. Sir Alex. McKenzie speaking in the House of Commons, said that Ontario alone had a regular system of collecting Vital Statistics, and even in that province the returns were so unsatisfactory as to create a good deal of discussion upon the question of adopting some other means to secure more complete returns.

In Quebec there was a parochial system of obtaining statistics respecting burials, baptisms and marriages which were, perhaps, more correct than those of Ontario, although the system was deficient in other respects. There was a system in operation in Nova Scotia, but it was of little use, and in the other provinces there was no system at all.

For his own part it was a subject to which he had given considerable attention, and he would continue to give it as much attention as he could possibly spare from his other public duties.

Feb. 19th, 1875. Hon. Mr. Tupper complained of the terms in which the First Minister had referred to the Statistical Department in Nova Scotia. It certainly compared favorably with that of Ontario though not so comprehensive in its character.

Mr. McKenzie. His remark was that it was a partial and comparatively useless expenditure, and that the Government were only justified in retaining it by the hope that something better and more complete would be brought into operation.

Feb. 22nd, 1875. Hon. Mr. Tupper referred to fact that Senate had appointed a committee to look into matter of Statistics.

March 20th, 1876. Mr. Brousse moved for the appointment of a select committee to enquire into the expediency of asking legislation with a view to constitute a bureau of Sanitary Statistics in connection with one of the public departments. A discussion followed.

Feb. 21st, 1877. Mr. Brousse moved for a select committee to examine and report upon the subject of Vital Statistics and Public Health with power to send for persons and papers.

Mr. Tupper. He had entertained the hope from a statement made by the First Minister on a former occasion that this matter had received and was receiving the careful consideration of the administration. The question of Statistics, whether vital or otherwise, under the Union Act, had been placed exclusively within the control of the Dominion Parliament, and the attention which had been given to the subject by the Local Government of Ontario, he held was entirely unconstitutional. No branch of Statistics could be compared in point of importance with Vital Statistics.

No provision was made in the Estimates, so the Dominion Government ceased conducting the Statistical Department of Nova Scotia. Why did the Dominion Government take over the Statistical Department of Nova Scotia in 1867 and allow Ontario to pass a local Act in 1868-69? The fathers of Confederatian might well have added to their laurels by passing a Dominion Registration Act.

In the opinion of a lawyer of this city, whose opinions are welcomed and respected, whose knowledge is "microscopic" as well as "macroscropic," the local legislatures are at liberty to deal with Vital Statistics. Let us as a profession be prepared to make sacrifices in order that a proper system of registration be enacted in these Maritime Provinces. Let us "Queens-Lunenburg" our representatives in parliament.

In closing this brlef history of Vital Statistics, I am not unmindful or unappreciative of the very great honor you have conferred upon me by electing me as your president. You were good enough to say that I served the Association faithfully and to the best of my ability for nine years as Secretary. For that reason alone I accepted the great honor. The Association is meeting for the 14th time. I have been present at every meetmg except the first. I hope that before the Association attains its majority that we will see a Dominion Registration for marriages, births and deaths, and that we will have a Dominion Diploma entitling a man to practice anywhere throughout Canada.

I know that you are more than eager to listen to the attractive, scientific programme prepared for you, therefore, I will not trespass further upon your time, but declare the Fourteenth Annual Meeting open, and feel confident that all will find pleasure in and receive benefit from the proceedings.

Original Communications.

PIONEERS OF MEDICINE IN NOVA SCOTIA. *(Continued.)*

By D. A. Campbell, M. D., Halifax, Nova Scotia.

Dr. Edward Ellis.

Was appointed a Justice of the Peace in 1762. In the following year an Indian was assaulted and seriously beaten by one of the inhabitants. The attitude of the Indians became so hostile that a special commission was sent from Halifax to investigate the affair. Ample provision was made for the wants of the Indian, and Dr. Ellis was appointed to give him the necessary medical attendance until he should recover.

Dr. Micheal Head.

In St. Paul's cemetery, in this city, there is a tombstone with the following inscription :—

"To the memory of
Michael Head, Esq.,
who died June 18th, 1805, aged 66 years.
For upwards of 40 years in this province."

Michael Head appears to have first settled near Fort Cumberland, where a British garrison was maintained. In 1759 this garrison consisted of Irish volunteers, many of whom afterwards took up their permanent abode in that vicinity. Later, many of the Irish immigrants who were brought out by Alexander McNutt, settled at Fort Cumberland and in the contiguous townships of Amherst and Sackville.

In the year 1765, Michael Head applied for and was granted 1,000 acres of land at Amherst. At about the same time he was appointed a Justice of the Peace. The following is related on the authority of the late P. S. Hamilton, who wrote an excellent history of the County of Cumberland :—

"An Irishman would scarcely take it as a compliment to be declared wanting in the usually attributed national belligerence. During the early days of Cumberland and Amherst, as in other places where the

Irish element largely prevailed in the population, Truro, for instance, there used, on occasion of public gatherings, to be frequent riots between the Irish and those who were not Irish. These were regular faction "shindies" in the traditional Donnybrook style, and they prevailed down to a time long subsequent to the American Revolutionary War, when there might have been attributed to them something of a political character."

"The Michael Head named in the text was made a Justice of the Peace, yet he, no doubt, loved a fight for its own sake. If not much belied, he used to ride boldly into the riots and in a stentorian voice command "the peace in the King's name;" and then in lower but equally emphatic tones he would say in Irish. 'Give it to them, the Sassenach devils, give it to them.' Whoever went to jail, the Irish usually had the best of the fight."

I have not been able to ascertain when Dr. Head left Amherst. In 1776 he was at Windsor. In a diary kept by George Deschamps, in an interleaved almanack there is an account of the illness and death of one of his children, evidently from meningitis, and Dr. Head is mentioned as the attending physician.

Many entries in this diary show that the Doctor was a social favorite and that he was on terms of the closest intimacy with the prominent men who lived in Windsor at this period. A number of these gentlemen either had formerly lived in Cumberland, or owned large tracts of land there. This circumstance probably explains the Doctor's removal to Windsor.

In 1781, Hants county was formed, and Doctor Head was appointed a Justice of the Peace, and a Judge of the Inferior Court of Common Pleas. At about 1792, he removed to Halifax, where he engaged in general practice, and still continued to act in a judicial capacity. For many years he was Surgeon to the First Battalion of Halifax Militia. He resided in Halifax, on Barrington Street, opposite St. Paul's Church. He died in 1805.

One of his daughters married the Rev. Archibald Gray, D. D., of St. Matthew's Church. One of his sons was a Captain in H. M. Navy.

Samuel Head.

Was a son of Michael Head, and one of the most prominent physicians of Halifax in the early decades of the 19th century. He was probably the first native born physician in Nova Scotia. The following is taken from his tombstone in St. Paul's cemetery:—

"Sacred to the memory of
SAMUEL HEAD, M. D.,
who died November, 1833,
aged 64 years.

For nearly 35 years he successfully practised as a physican, and faithfully executed his duties as a magistrate. His benevolent kindness in his various duties will be long and faithfully remembered by his family, his numerous patients, friends, and also by the poor of Halifax, to whom he was a most bountiful benefactor and humane physician."

Charles Head.

Was a son of Samuel Head, M. D. He came to Truro about 1825, married the widow of John Archibald, son of S. G. W. Archibald, late Master of the Rolls. His three children were born in Truro, a son and two daughters. He moved to Halifax about 1835, and when he died, soon after, his widow married Snow P. Freeman, of Liverpool, who sat in the House of Assembly for several years. She died in Halifax about a year ago. She was a Miss Mitchell, a sister of the late George P. Mitchell. One daughter, the sole representative of the Head family, is still living in Halifax.

Dr. John Harris.

Came to Pictou in 1767 with a small band of settlers in the Brig "Hope," from the borders of Pennsylvania and Maryland. He came chiefly as agent for the Philadelphia company, to dispose of lands which had been granted in the present counties of Pictou and Colchester. He brought with him his wife, and their first child was born the day before they sailed into Pictou harbor. He was accompanied also by his brother Matthew.

Doctor Harris was of Scotch-Irish descent. He was born in 1739 in Baltimore county, Maryland. In the Philadelphia grant he is described as "Doctor of Medicine, Philadelphia." Although often solicited to return to Maryland, he invariably refused. His party, although small in numbers, was well equipped, and familar with the difficulties to be overcome in making a settlement in the unbroken forest. They laid the foundation of the present town of Pictou and named it "Donegal."

In 1773, the ship Hector arrived with 40 families from the Highlands of Scotland.

Dr. Harris was the first magistrate in Pictou, and he held other public positions. He resided in Pictou until 1778, when he removed to Truro. It is said that his removal was due to his strong sympathies with the rebels in the Revolutionary War.

The outbreak of the American War led to bad feeling between the Scottish and American settlers. The Scots were loyal, while most of those who had come from Philadelphia, as well as most of the inhabitants of Truro and the adjacent settlements, had a very warm sympathy with the rebels. A number of the Pictou people, joined by reinforcements from Truro, seized a valuable vessel then loading in Pictou harbor, belonging to Captain Lowden, and started off to join the Americans, who then had possession of the country about Baie Verte. The vessel was quickly recaptured, and soon afterward, most of the Philadelphia settlers left Pictou.

After coming to Truro, Dr. Harris devoted more attention to the practice of medicine. He represented Truro in the House of Assembly, from 1779 to 1785, and was Clerk of the Peace for some years. He was also a Judge of the Inferior Court of Common Pleas. As a magistrate, he celebrated marriages.

His death took place on April 9th, 1802. It was due, Dr. Patterson says, to a fall from his horse. On the other hand, Dr. Page was informed by Miss Soley, of Truro, that the real cause of death was apoplexy, which caused him to fall while his horse was either standing still or walking slowly. He had inoculated Mrs. Soley with smallpox a short time before, and her arm had not healed at the time of his death.

It is of interest to note that Dr. Harris usually kept one or two negro slaves. He seems to have been an active, public-spirited man, and a good physician. Descendants of himself and his brother Matthew are numerous.

Dr. Parker Clarke.

Is known to us only by certain proceedings in the Courts of Law, at Cumberland and Halifax. The township of Cumberland was first settled by New Englanders and immigrants from the North of Ireland. During the Revolutionary War most of these settlers warmly spmpathized with the revolted colonies. In November, 1776, at the instance of parties from Machias, Maine, many of these settlers led by Jonathan Eddy, attempted the capture of Fort Cumberland. They had gone so far as to invest the fort when the timely arrival of forces from Windsor and Halifax put an end to their plans and dispersed them. Several arrests were made. Among them was Doctor Clarke, who was taken to Halifax, tried for high treason and found guilty. He pleaded the King's pardon before sentence was passed, and was respited.

Before this arrest he had been accused of extorting money from Thomas Robinson, of Amherst. The circumstances were these :—

Robinson owed Dr. Clarke for professional services, the sum of £1.15.0, an account of long standing. Taking advantage of the disorder which prevailed, Dr. Clarke, with another party, armed to the teeth, threatened to make Robinson a prisoner. Rather than be imprisoned, Robinson borrowed the money and paid Clarke.

PART III.

The period from 1775 to 1800 is rendered notable by the arrival of the Loyalists, and the increased immigration of Scottish Highlanders. Soon after the outbreak of the Revolutionary War, refugees from the older colonies came to Nova Scotia. About two thousand people came to Halifax after the evacuation of Boston. Some of these settled, the majority went to England and the West Indies, and many returned to their former home.

The Province, on the whole, retrograded during the war, most of the settlements being unprotected and exposed to attacks by privateers. When peace was announced, a large accession to the population occurred, principally in the years 1783 and 1784, consisting of loyalists and disbanded soldiers. It is estimated that, by this movement, about 30,000 people were added to the population.

These settlers not only diffused themselves quite generally among the older colonists, but also laid the foundation of new townships in widely scattered parts of the province, as at Shelburne, Digby, Clements, Wilmot, Aylesford, Rawdon, Douglas, Parrsboro, Wallace, Antigonish, Guysboro, and other places.

Shortly after this important influx of settlers had taken place there began to flow to our shores that great stream of Scottish immigration, predominantly, but by no means exclusively Celtic, which has rendered the eastern half of this Province a veritable New Scotland.

Irish immigration, at this period, was not felt beyond the confines of the town of Halifax.

With the Loyalists came a large number of medical men, most of whom had been attached to the British or Colonial forces. Many of these men were highly qualified, and their influence in improving the standard of the medical profession in Nova Scotia has never ceased to be felt.

In respect to the effect of the Revolutionary War on the fortunes of physicians and surgeons, Sabine says, "The physicians who adhered to the Crown were numerous, and the proportion of Whigs in the profession of medicine was probably less than in either that of law or theology. But, unlike persons of the latter callings, most of the physicians remained in the country and quietly pursued their business. There seems to have been an understanding that though pulpits should be closed, and litigation be suspended, the sick should not be

deprived of their regular and freely chosen attendants. I have been surprised to find, from verbal communications and from various other sources, that while the "Tory Doctors" were as zealous and as fearless in the expression of their sentiments as 'Tory ministers" and "Tory barristers," their persons and their property were generally respected in the towns and villages, where little or no regard was paid to the bodies and estates of gentlemen of the robe and surplice. Some, however, were less fortunate, and the dealings of the "Sons of Liberty" were occasionally harsh and exceedingly vexatious. A few of the Loyalist physicians were banished; others, and those chiefly who became surgeons to the army or provincial corps, settled in New Brunswick or Nova Scotia when they resumed practice"

Sabine, in a note, adds, "Since writing the above passage I have met more than once the suggestion that the physicians owed their safety to the exigencies of the ladies."

The medical men who came with the Loyalists to Nova Scotia, and many of those connected with disbanded regiments, settled in different parts of the province.

For convenience of reference, I propose to take the various counties, as at present constituted, and under these headings arrange the scanty knowledge in my possession, respecting the medical men who came to Nova Scotia.

HALIFAX.

After the evacuation of Boston in 1776, a number of prominent medical men came to to Halifax, and remained for a short time. One or two died shortly afterwards, and the majority either went to England, or returned so the seat of war.

John Jeffries, (Sabine,)

Of Boston, came to Halifax in 1776. He was appointed Chief of the Surgical Staff of Nova Scotia. In 1770 he went to England, and returning to America shortly afterward, held a high position in the British forces at Charleston and New York. He practised in London for many years. In 1735 he crossed the English Channel in a balloon. He died at Boston in 1819, aged seventy-five. He was eminent as a surgeon, midwife, and physician.

Sylvester Gardiner,

Dr. Gardiner came to Halifax in 1776. He afterwards went to England. He was a very able man and very wealthy. In 1785 he returned to Boston and made claim for his property without success.

John Prince,

Of Salem, Masachusetts, went to Halifax, where in 1779 he had acquired a competency as a merchant. He returned to the United States.

William LePerkins,

Of Boston, physician, went to Halifax with his family in 1776. Washington, on taking possession of Boston, ordered his stock of medicines to be taken for the use of the Continental army. In 1778 he was proscribed and banished. Ae died at Hampton Court, England in 1787. He was the author of several medical publications of much merit.

Nathaniel Perkins,

Of Boston, physician, graduated at Harvard University, in 1734. When, in 1764 hospitals were established in Boston for the treatment of small-pox by inoculation, he was one of the attending physicians. Dr. Perkins went to Halifax in 1775. In 1778 he was proscribed and banished. He died in 1799, the place of his death not being recorded.

Peter Oliver and Brinley Sylvester Oliver

Were probably in Halifax in 1776. They became surgeons in the British Service. They died in England. A brother became prominent in public life in New Brunswick.

William Brattle,

Of Massachusetts. A man of more eminent talents and of greater eccentricities never lived. He graduated at Harvard in 1722, and subsequently was representative from Cambridge, and a member for many years of the Council. He seems to have been of every profession and to have been eminent in all. As a clergyman, his preaching was acceptable; as a physician, he was celebrated; and he had an extensive practice as a lawyer. His military aptitude secured for him the rank of Major General of Militia, an office, in his time, of very considerable importance, and of high honour. He loved good living, and possessed the happy faculty of pleasing both the government and the people. A pronounced Loyalist, he was proscribed and banished. In 1776 he came to Halifax, where he died a few months afterwards.

William James Almon,

Was born in the year 1754. In 1771 he was apprenticed to Andrew Anderson, Physician and Surgeon, of New York. In 1779, he received from Lord Townshend a commission as Surgeon's Mate to the 4th Battalion of Royal Artillery. On the evacuation of Boston in 1776, he came to Halifax with Lord Howe's forces, but remained only a short time, as he accompanied the troops to New York and was in active service for several years. Before the close of the Revolutionary War he returned to Halifax and received the appointment of Surgeon of Artillery and Ordnance, a position which he held for many years. In 1785, he was appointed surgeon of the Halifax Alm's House, a position which was subsequently held by his son, grandson, and great-grandson. In the same year he was married to Rebecca

Boyles, a daughter of the Rev. Dr. Mather Boyles. He was a Justice of the Peace for Halifax, and Surgeon General of the militia. He acquired an extensive practice and enjoyed, to the fullest extent, the confidence of the community. In 1793 he addressed a letter to the Duke of Richmond pointing out the advantage of Halifax as depot for troops, and dwelling especially upon the healthy and invigorating characters of the climate.

Several years ago I had an opportunity of looking over some of his case-books. Some of the cases are admirably reported. He cultivated the habit of of carefully recording everything which impressed him in daily practice and in reading. I should judge that he was gifted with good natural abilities, which were strengthened by culture, and that in his practice he was largely guided by the dictates of common sense. She following is extracted from one of his case books:

"It is very seldom that diseases are found pure and unmixed, as described by authors, and there is almost an endless variety of constitutions. The treatment must be adapted to this mixture and variety in order to be as successful as circumstances will permit, and this allows of a very wide field for the exercise of good common sense on the part of the physician."

He was very absent-minded, a characteristic that gave rise to many amusing anecdotes.

Readers of Marryat's "Newton Foster" will readily recall the awkward predicament in which the hero's uncle was placed when he discovered himself unexpectedly in a bedroom with a woman not his wife. The incident is based on a misadventure of Dr. Almon's, and was related to Marryat by the family when he was on this station. On another occasion, when paying a professional call on the Hon. Richard Bulkeley, he inadvertently slipped a gold watch and chain, which was lying near, into his pocket, where it was found that evening by his wife, but not before its loss was being proclaimed by the town crier.

Doctor Almon died at Bath, England, in 1817, being found dead in his bed. A diary, kept during his last illness, is very interesting. A report of the autopsy is given.

Notice of his well-known descendants does not come within the scope of this paper.

Hon. John Halliburton.

In the year 1750, the town of Newport, Rhode Island, was visited by a frigate, commanded by Lord Colville. On board, acting as surgeon of the ship, was Doctor John Halliburton. He was the son of a Presbyterian clergyman, of Haddington, Scotland. Whilst the ship rode at anchor in the harbor of Newport, Dr. Halliburton became acquainted with the family of the Hon Jahleel Brenton, whose son was so well-known in the Navy as Admiral Sir J. Brenton, and to one of whose daughters he became attached, After complet-

ing his stipulated term of service as naval surgeon, he returned to Rhode Island and was married to Susannah Brenton in the year 1767. This alliance caused him to adopt the Colony of Rhode Island as his home, and to follow his profession among his newly found friends and acquaintances. He quickly acquired a large and lucrative practice.

In the disputes which arose between the Parent Kingdom and the colonies he expoused and warmly supported the Royalist party. Shortly after the outbreak of hostilities he was banished for refusing to subscribe to the test ordered by an Act of the Revolutionary Assembly. Later he was granted leave to return, not on account of himself, but because as a physician his services were much needed by the inhabitants. This privilege, however, did not last long, and he was finally compelled to sacrifice all the property which ability and application, had enabled him to accumulate, and to escape from the town. Nor was it by any means a trifling surrender which he was forced to make. The abandonment of property, the resignation of a lucrative practice and the dismemberment of social ties and domestic arrangements, formed in this combination a very serious sacrifice. On the pretext of visiting patients on the mainland Doctor Halliburton secretly left Newport in a barge and landed safely at Long Island, where the British Army was stationed. On his arrival at headquarters he presented himself to Sir Henry Clinton who, (as some recognition of his services,) offered him the headship of the Naval Medical Department at Halifax. Having accepted the appointment, he soon afterwards sailed from New York and reached Halifax in 1782, his wife and family coming a year later. In addition to his official duties, Dr. Halliburton entered into general practice, and became, as at his former residence, a leader in his profession and an influential member of the community. In 1787 he was appointed a member of His Majesty's Council. He died in the year 1808, aged 68. Sir Brenton Halliburton for a long time Chief Justice of Nova Scotia, was his son. The inscription on his tombstone in St. Poul's cemetery happily summarizes his characteristics.

"If unshaken loyalty to his king, steady attachment to his friends, active benevolence to the destitute, and humble confidence in God. can perpetuate his memory, he will not be forgotten."

Dr. Duncan Clark,

I am indebted to James S. McDonald, author of the "Annals of the North British Society," for a sketch of Dr. Duncan Clark, as well as for the photo copy of a portrait taken from an oil painting by Feild.

Dr. Duncan Clark was born in Inverness, and was educated at Marischal College, Aberdeen. When 29 years of age he left Scotland, and by the advice of friends in New York went there in 1772. He practised in New York until 1776, and being an ardent Loyalist and outspoken in his opinion, he removed, by advice, to Norfolk, Virginia,

where he practised his profession until 1780. He then returned to New York, where he remained until the evacuation of the city by the British in 1782, he then with many other Loyalists accompanied the the troops to Halifax.

Doctor John Halliburton, who was a great friend of Clark's gave him a helping hand, and secured his appointment as Surgeon to the Naval Yard. For several years both Halliburton and Clark were the leading professional men of the time in this community, and had, in addition to their government work, a large medical practice. Socially, Clark was a great favorite, with fine presence and a dignified bearing. He took a leading place with the Scottish community, being twice elected President of the North British Society between the years 1789 and 1798. He was elected Grand Master of Freemasons in succession to Hon. Richard Bulkeley in 1800. He was a leading member of St. Matthew's Church, and was popular with all classes.

He amassed considerable wealth. It was a time when great fortunes were made by many of the leading merchants of the community. The sale of prizes captured by the fleet and sold in Admiralty Court here often produced splendid returns. Dr. Clark invested in several ventures with the Scottish merchants in Halifax, and on one purchase alone he is said to have made £15,000 stg.

Dr. Clark, with John Bremner, Alexander Brymer, William Forsyth, Dr. John Halliburfon, Dr. W. J. Almon and the Geddis were the leaders of a literary coterie which met regularly each month at the Pontac Hotel, to discuss social and scientific subjects. They were often joined by any distinguished stranger who might be passing through Halifax at the time. The papers and discussion occupied an hour, the remainder of the evening being devoted to wit, song and toasting, prolonged at times to the " sma hours." The Duke of Kent often joined them. Drs. Clark, Halliburton and Almon were Physician in Ordinary to the Prince and his Household, and were often entertained at his residence.

Dr. Clark took a prominent part in advocating measures designed to improve the condition of Halifax, and being an eloquent speaker, often took part in the public meetings which, at that period, were frequently held.

His career was not eventful, but it was useful to his fellowmen, and he deserves remembrance.

He had one great disappointment. He was on the list of possible members of His Majesty's Council. It was believed that he was certain to get a seat, but, in 1805 when a vacancy occured. Governor Wentworth appointed John Butler to the position.

Dr. Clark retired from the Naval Yard in 1809 Nothing is known of him after this date. Some think that he died in Halifax; others believe that he left the country.

Dr. James Boggs, (Sabine,)

Of Pennsylvania, entered the service of the Crown and was attached to the Medical Staff of the of the Royal Army. In 1787 he came to Nova Scotia, and was appointed one of the surgeons to the Garrison, a position which he held until apout 1810. He died at Halifax in 1831, aged ninety-one. His daughter Elizabeth, widow of Colonel John Stuart, died at Halifax in 1852 in he 85th year. Thomas Boggs who was a merchant at Halifax, was his son.

Dr. John F. G. Gschwind,

Was a man of some prominence among the Halifax settlers of German origin. He was probably connected with some German auxiliaries disbanded in Nova Scotia, and he probably settled in Halifax at the close of the war. In 1789 his name is mentioned as Vice-President of the High German Society. 1749 he was surgeon to the 2nd Battalion of Halifax Militia. He was Health Officer for Halifax in 1800. At or about 1801 he was appointed Assistant Surgeon to the Garrison, a position whitch he held for over twenty years. He died in 1827 and was buried in St. Paul's cemetery, He lived in a house which stood on the north east corner of Duke and Grafton Streets.

(To be continued.)

TUBERCULOSIS OF THE FEMALE URINARY ORGANS. REMOVAL OF KIDNEY AND URETER.*

By Ernest W. Cushing, M. D., Prof. of Abdominal Surgery and Gynecology, Tufts University, Boston, Mass.

It has long been observed that certain cases of chronic cystitis were incurable, and that in spite of every method of treatment the wretched sufferers went on from bad to worse until they perished miserably. In time, as the art of diagnosis advanced, it was learned that these cases were tuberculous, and now that we have means of demonstrating the presence of the tubercle bacillus in the urine the diagnosis is easy.

Nevertheless, for a long time, the improvement in diagnosis was of little value except to establish an absolutely unfavorable prognosis, for it was still found that only temporary relief could be obtained from any form of treatment.

When at autopsies held on persons who had died with tuberculous disease of the bladder, a kidney, and perhaps the corresponding ureter, were found to be also greatly disorganized with tubercular disease, it was at first supposed that the infection had ascended from the bladder, involving the kidney secondarily.

Finally, however, cases multiplied in which after a tuberculous kidney had been removed, because the principal disease appeared to be located in it, although there was some tubercular disease of the bladder, the result showed that the tuberculosis of the latter organ improved and finally disappeared under judicious treatment and favorable circumstances. It is now established therefore that tuberculosis of the urinary organs is a descending affection, that it first obtains lodgment in the kidney, supposedly deposited there by the the blood-stream from some other focus in lung, glands, bone, skin, etc. That the infection then descends with the urine, probably not at first attacking the ureter. That finally from some obstruction to the escape of urine from the ureter into the bladder, the current of urine in the ureter is slowed or made to stagnate and infection of the ureter follows.

*Read before Maritime Medical Association, Halifax, July 7th, 1904.

By observation of a very large number of cases and a careful study of post mortem examinations, the pathologists are able to assure us that tuberculosis of the bladder is rare, except in cases in which the kidney is involved. They have also established the fact that fortunately only one kidney is affected in the vast majority of cases.

Clinical experience and the results of surgical operation confirm these assertions, and also establish the fact that after removal of the diseased kidney the tuberculous bladder is generally curable.

The case which I report today and from which I show the specimen is of much clinical interest, because there were never any symptoms referable to the kidney, and because a long course of life in the open air improved the patient's health so markedly that she was brought up to a condition fit for the serious operation of nephrectomy, and now appears to be in a position to overcome the tuberculous infection, which has become entirely localized.

Miss X, aged 30, was admitted to my private hospital in Feb. 1902. She had been healthy as a girl but for several years previous to the above date had suffered from pain at menstruation. In 1900 she underwent a dilatation and curetting of the uterus, but at that time the womb was found to be retroverted and adherent. An operation for release of the pelvic organs was declined.

During the ensuing two years the patient gradually failed in health, suffering from pain in the back, low down, and a frequent desire for micturition, with much pain in the bladder. On examination, heart and lungs are found normal, urine shows cystitis, bowels constipated. It was supposed that the cystitis was referable to the pressure of the retroverted uterus.

Feb. 20, '02. Curved transverse incision, uterus found heavy, badly retroverted and held firmly by many adhesions. Both tubes swollen, tortuous, occluded and firmly adherent; both ovaries enlarged and cystic. Uterus amputated at a level of internal os and removed with the appendages. Appendix found covered with adhesions and removed.

Mar. 2. Stitches removed, first intention, primary union. Bladder somewhat better, urine clear and can be held longer. Urine too alkaline, sp. gr. 1010, pale, contains albumen, sediment shows pus and cocci; not searched for tubercle bacilli. Bladder washed out daily with pot. permang. or boric acid. Cystogen internally. Went home in good condition, Apr. 1st.

Apr. 11. After getting home bladder not washed out for ten days; symptoms increased in severity and urine became nearly as bad as at first admission. Used irrigation daily at first and then every three days, cystogen internally t. i. d., much improvement but not cured.

May 8. Found tubercle bacilli in sediment fairly abundant. Patient re-entered hospital. Dilated urethra and touched with silver nitrate some ulcers found in bladder.

May 17. Bladder seems better, continued treatment, and after each irrigation left emulsion of iodoform in bladder. Patient is now kept out of doors nearly all the time reclining on a couch, and receives the largest amount of food which she can be made to take in order to improve the general health as far as possible.

July 3. Sudden rise of temperature to 103° in the evening, next morning 101°. Since then every evening 101°. Spit blood July 5.

Ulcers cauterized May 10-27, June 6, 16, 26, Aug. 16, Sept. 19, Oct. 10-24. During this time marked improvement physically and mentally, and gains in weight.

Oct. 28. Injections in bladder of protargol every day.

Jan. 7, 1904. Process seems to be pretty well localized about left ureteral meatus. Stays out doors on couch right through the winter, except at night, and then has three windows open; very marked improvement in general health, weight and color.

May 26. Dr. Howard Kelly examined the patient, finds extensive ulceration round opening of left ureter, constriction of left ureter about inch from meatus, so tight that catheter cannot be passed further. Gives opinion that there is no doubt that the kidney on left side is tuberculous and no longer functional. Right side probably healthy, advises nephrectomy.

June 18. Operation after the method of Kelly. Incision in left lumbar region: kidney found and brought to surface. It is a great irregular pus-sac with thin shell of cortex. Separation of adhesions, ligation of vessels twice with catgut, vessels divided at hilus, ureter clamped, divided, ligated and free end cauterized. Incision closed with deep running sutures of catgut and interrupted sutures of silkworm gut, leaving rubber tube and gauze drain. The ligature on the end of the ureter was left long and brought out between two stitches.

Second incision parallel to Poupart's ligament from anterior superior spine of ilium nearly to spine of pubis; peritoneum pushed back; ureter which adhered to peritoneum easily found by pulling on free

end of ligature. Ureter freed from adhesions, free end of ligature cut off and free end of ureter brought out from second wound. It was then carefnlly separated almost down to the bladder where it broke off; the upper end was very large and thick, but at the place where it broke off it was much smaller than normal and the whole wall was infiltrated with tubercular matter representing the stricture; here the ureter was lost in a mass of inflammatory connective tissue. As it seemed to me that any further attempt at removal of the lowest part of the ureter could best be done if necessary from the vagina, I next closed the incision with catgut and silk-worm gut, leaving draining to stump of ureter. Recovery uneventful.

June 24. Most of stitches removed; wound in groin healed; wound in back only slightly open with some drainage; a wick was put in. Shortly after the operation there was a large amount of pus and blood in the bladder which rapidly cleared up under irrigation of that organ.

July 1. Patient sitting up, feels and looks much better than before the operation; temperature normal.

As compared with this chronic affection the record of the second case which I have to report may be of interest on account of the sudden onset of violent symptoms.

Miss Y., aged 38, had been in fair health until within two or three years, when she began to have pain in the region of the right kidney at intervals, but the pain was not severe or paroxysmal. Sometimes also she would have scalding pains on urinating. During the last six months she has observed that after the painful attacks the last of the urine voided contained pus. She did not ask for medical assistance, however, supposing that the pus came from the vagina and was "the whites." She continued to lead an active life, never being confined to bed until the present attack.

On June 28th, 1904, after being about and active as usual the patient was seized with violent pain in the region of the right kidney, running down the course of the ureter. Provisional diagnosis of renal calculus was made and morphine was administered with much relief. As the urine was alkaline and turbid and offensive, containing albumen and purulent sediment, cystogen was given internally.

The second night the pain returned more violent than ever. Temperature 103.5°, pulse 110. Large hypodermic doses of morphine gave only partial relief. At 4 a. m. the patient passed with her urine

a soft solid cast of the whole ureter, which had evidently been obstructing the flow of the urine, for the pain soon disappeared. The cast was some six inches long and larger than a normal ureter. It had such a foul odor that it was thrown away at once. No calculus was passed at any time. Urine foul, albuminous, alkaline, turbid, purulent.

During the ensuing (second) day the pains returned: temperature remained 103°; there was a slight chill. I was summoned in the afternoon and agreed with the attending physician, Dr. Bullock of Weymouth, that the case was serious and required prompt interference.

The patient was brought to my private hospital the same evening and operation followed the following morning, 62 hours after the beginning of the attack.

The kidney was exposed by the oblique lumbar incision, and was found to be firmly adherent to the adjacent tissues, not much enlarged, dark, irregular, cystic in part and evidently disorganized. The renal pelvis and ureter were greatly dilated.

It was liberated from the adhesions and the hilus found and the vessels clamped and divided. They were then tied twice with separate ligatures of strong catgut. The ureter was cut across between clamps as low down as possible, where it was as large as the little finger. The free end was ligated with catgut and the extremity carefully cauterized. Wound cleansed with hydrogen peroxide. Drainage by rubber tube and gauze to stump of ureter, and gauze to stump of vessels.

There was a very free discharge from the drain, soaking the dressings; the condition was critical for three days, from diarrhœa, feebleness and vomiting, which at one time became fecal. Pulse 110, temperature 100°. The vomiting was checked by small doses of morphine and lavage of the stomach. The urine became clear by the third day, under irrigation of the bladder.

Examination of the specimen showed that the kidney was completely disorganized and the cortical substance destroyed. The whole interior surface was gangrenous. No stone or gravel in the kidney. Ureter much dilated, thickened and inflamed. Extremely foul odor on cutting across the ureter and on opening the kidney.

In this case no measures were taken to prove the existence of the other kidney, because during the time when the ureter was known to be occluded by the cast, urine was passed freely, being secreted by the other kidney.

During convalescence a sufficient quantity of urine was passed at all times and after three critical days the patient became fully convalescent.

THE

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Editorial.

COMPULSORY NOTIFICATION OF BIRTHS.

The *Canadian Journal of Medicine and Surgery* in its May number devotes considerable attention to compulsory notification by physicians.

It first of all refers to the successful resistance made by the practitioners of St. John to the compulsory notification of births:

"It appears that last March a number of the physicians of St. John had been haled before the Police Magistrate for refusing to report the births which had occurred in their practice. The prosecution was taken under, and by virtue of, the Vital Statutes Act, recently enacted by the Legislature of that Province; but upon representation by counsel, the information was withdrawn on the ground that the exclusive right to legislate upon vital and statistical matters does not belong to the New Brunswick Legislature but to the Parliament of Canada.

The registration of births is a necessary adjunct of civilization, and if the medical profession of St. John or of any other municipality in New Brunswick refuse to register births, they should give satifactory reasons for their refusal. We do not think they can do so. The mere recording of the fact that a child has been born is very easy, calls for no professional knowledge, and, although it is of considerable value to the state, puts the medical practitioner who does it to but little inconvenience. The legal defence put forward by the medical profession of St. John, one which had the merit of being successful, is quite another matter. If this defence is valid in New Brunswick, then, by similar reasoning, the Act respecting the registration of births issued by the Registrar-General of Ontario is invalid, and the collection and registration of births in Ontario is continued and carried on largely owing to the good-will of the medical practitioners."

The article then goes on to point out the injustice of compulsory notification, without compensation, of deaths and of contagious diseases, and in the latter case refers to the fee of two shillings and sixpence which is allowed for each case in England and it may be added in Scotland and Ireland. This is all very true. Why, then, should the notification of births be treated upon a different basis? Are these valuable statistics not worth paying for? Is the medical profession, alone, to be picked out to do this kind of work without remuneration?

As no professional knowledge is required in recording births, then call upon those more directly concerned, the parents, to fulfil their duty by notification. The New Brunswick Act compelled physicians to report to the registrar every birth attended by them within five days of its occurrence, under a penalty not exceeding twenty dollars or imprisonment in the county jail Does the *Canadian Journal*, putting aside the *ultra vires* aspect of the question, seriously uphold this Act as *a necessary adjunct of civilization?*

The *Journal* does not think satisfactory reasons can be given for the refusal of the practitioners of St. John to comply with compulsory notification of births. These practitioners held and still hold "That the gratuitous duty imposed on medical practitioners by these Acts is repugnant to natural justice and is not of such a public nature as authorizes the Legislature to impose the same; and that these Acts require, (*a*) medical practitioners to become informants on their patients and render the latter liable to a penalty; (*b*) to violate their professional oaths in making a public record of facts which are often of a delicate and confidential character; (*c*) to perform gratuitous services for which another person receives remuneration."

It is no rash statement to make that the profession of Canada will hold these reasons as quite satisfactory.

THE MARITIME MEDICAL ASSOCIATION MEETING.

Another meeting is over and another record of good work and pleasant entertainment has been established. The large attendance and the excellent papers read show that the interest in the Association continues to grow. The papers read by some of the non-maritime visitors were of great interest, and to some quite a revelation. Drs. Cullen, of Baltimore, Hamilton and Chipman, of Montreal, Cushing and Codman, of Boston, added much to the success of the meeting. Where excellence is shown perhaps it is invidious to particularize, but members will excuse us in saying that Dr. Birt, of Berwick, deserves very great praise for the excellent work which he always presents, and for the painstaking way in which he presents it. As usual, at Maritime Medical Association meetings, Nova Scotia

was well represented. Militia camps accounted for the absence of some accustomed faces from New Brunswick and Prince Edward Island, but surely more of our colleagues from the sister provinces might with a little effort be with us.

The arrangements of the meeting were carried out with promptness, while the entertainments provided were varied and enjoyable.

The "smoker" at the Armouries was probably the best of its kind ever given in this city, the variety and quality of the programme having never been excelled.

WESTWARD HO!

CANADIAN MEDICAL ASSOCIATION.

VANCOUVER MEETING, 1904—AUGUST 23rd, 24th, 25th and 26th.

The Thirty-Seventh Annual Meeting of the Canadian Medical Association is to be held this year in Vancouver on the above dates. Victoria joins hands with her sister city in extending the hospitality of the Pacific Province to all the members of our great National Medical Organization. In the thirty-seven years of its history this is the first time a meeting of the Canadian Medical Association has been held in British Columbia; and the opportunity to visit Victoria, an outpost of empire, and Vancouver, the pride and glory of the West, should not be lightly passed by. Indeed, the entire West is a "Panorama of Beauty" and a "Scene of Bustle."

The meeting will open at 10 a. m. on Tuesday, the 23rd of August. Mr. Mayo Robson will deliver an address on Surgery. Dr C. E. Dudley will deliver an address on Gynecology. There will be numerous papers read by men prominent in the profession, both from Eastern Canada, United States and Great Britain.

ENTERTAINMENT AT CALGARY ON WAY OUT.

The Calgary Medical Association is desirous of extending an entertainment during the course of one day on the way out to Vancouver. This entertainment will be a typical western one, and will take the form of an Indian gathering in costume, Indian races and games, roping and cowboy feats. Those who would like to stop over at Calgary for this entertainment so kindly offered through the Calgary Medical Association, should notify the General Secretary without any delay, so that if there would be sufficient number, same could be forwarded in time for proper preparation of the entertainment.

THE SOCIAL SIDE AT VANCOUVER AND VICTORIA.

The Entertainment Committee have arrangements made so that the ladies accompanying the fraternity will be well provided for with entertainments during the time the meetings are in progress.

There will be excursions to various points of interest in and around Vancouver – yachting, tramway and train excursions.

On Thursday afternoon there will be an excursion to New Westminster, visiting the Asylum and various other point of interest there, and then take boat down the famous Fraser River to Steveston, where our visitors will have an opportunity of seeing British Columbia salmon canned, and then return to Vancouver by train.

On evenings that are not occupied by business of the Association, some form of entertainment will be provided.

On Friday it is proposed to take the steamer to Victoria, and in the afternoon attend a Garden Party at Government House, and in the evening a reception at the Parliament Buildings.

On Saturday those who desire will have an opportunity of visiting Williams Head Quarantine Station and Esquimalt, the Gibraltar of the Pacific Coast.

The following are the approximate rates for the round trip from eastern points, viz :—

From	Toronto and surrounding places, -	$62.40
"	Ottawa and Montreal, - - -	$68.00
"	St. John, - - - - -	$76.00
"	Halifax, - - - - -	$81.00

It will be necessary for those coming from eastern points, who wish to avail themselves of the special rates, to forward their names to Dr. George Elliott, General Secretary, 129 John Street, Toronto, or Dr. C. D. Murray, Halifax, who will send them the necessary certificates. Those coming from Chicago can purchase a return ticket to Gretna, Manitoba, for $47.00, and from Gretna to Vancouver, return ticket for $45.00, which will make a through rate from Chicago and return $92.00.

For those who wish, arrangements have been made for excursions to Kaslo and Golden, on the invitations of committees from these two places. For those who wish to go further north, special rates may be secured to Port Simpson, Atlin and Dawson.

At the time of the meeting or afterwards, there will, in all probability, be made up several parties for those who wish to attend any fishing or hunting excursions. Guides and all necessary information can be procured at the meeting.

It would be advisable for all those going to forward their names to the Local Secretary, W. D. Brydone-Jack, at least two or three weeks before the meeting, so that suitable accommodation may be provided for them without any inconvenience at the time, as a large number are expected to attend. Hotel rates range from $2.00 to $5.00, and rooms from $1.00 to $2.00 per diem.

When purchasing tickets, have them read through to Victoria, via Vancouver.

It has been suggested that members from the Maritime Provinces travel together by a special sleeper from St. John, on itinerary somewhat as follows, which will be arranged if eighteen or more join party. Members wishing to join special sleeper party for the following trip should advise Mr. C. B. Foster, District Passenger Agent, C. P. Railway, St. John, or Dr. James Ross, Halifax, without delay.

Lve.	Halifax,	8.10 a. m.,	Monday,	Aug. 15th,	Atlantic Time.
Lve.	St. John,	5.35 p. m.,	Monday,	Aug. 15th,	Atlantic Time.
Arr.	Montreal,	8.05 a. m.,	Tuesday,	Aug. 16th,	Eastern Time.
Lve.	Montreal,	9.40 a. m.,	Tuesday,	Aug. 16th,	Eastern Time.
Arr.	Winnipeg,	8.30 a. m.,	Thursday,	Aug 18th,	Central Time.
Lve.	Winnipeg,	9.20 a. m.,	Friday,	Aug. 19th,	Central Time.
Arr.	Calgary,	2.35 p. m.,	Saturday,	Aug. 20th,	Mountain Time.
Lve.	Calgary,	3.35 a. m.,	Sunday,	Aug. 21st,	Mountain Time.
Arr.	Banff,	6.30 a. m.,	Sunday,	Aug. 21st,	Mountain Time.
Lve.	Banff,	6.30 a. m.,	Monday,	Aug. 22nd,	Mountain Time.
Arr.	Vancouver,	10.40 a. m.,	Tuesday,	Aug. 23rd,	Pacific Time.

The following is part of a circular letter for the Maritime Provinces members issued by the Canadian Pacific Railway:

GENTLEMEN:

For the Canadian Medical Association Meeting at Vancouver, Ticket agents will be instructed to sell First-Class Round Trip Tickets to Vancouver or Victoria, B, C., to Members of the Association, their wives and daughters, upon surrender of Certificates of Membership.

DATE OF SALE

August 14th to 20th inclusive.

RETURN LIMIT

Tickets will be good for return to reach starting point not later than October 23rd, 1904.

STOP OVER PRIVILEGES

All tickets will be good to stop over at Port Arthur or any point West thereof, within limit.

RATES

Rate for first-class passage from principal stations to Vancouver or Victoria, B. C., and return, as follows:

St. Andrews	$76 40	Truro	$80 00
Stephen	75 50	New Glasgow	80 75
St. John	76 50	Antigonish	81 45
Moncton	76 50	Mulgrave	82 10
Amherst	77 95	Sydney	83 70
Halifax (I. C. R)	81 00	Charlottetown	79 80
Pictou	80 50	Yarmouth	77 50
North Sydney	83 55	Kentville	79 50
Summerside	78 35	Windsor	79 50
Woodstock	77 00	Digby	77 50
Fredericton	77 20	Wolville	79 50
Sackville	77 65	Halifax (D.A.R.)	79 50

ROUTES

Tickets from Maritime Province points will, east of Winnipeg, be good going or returning both ways *via* the All-Rail Line, or both ways *via* Toronto, Owen Sound and Lake Route, or will be good one way *via* Lake Route and one way *via* All-Rail Route. If passengers travel both ways *via* Lake Route, $8.50 will be added to above rates, and if passenger travels only one way *via* Lake Route, $4.25 additional will be charged to cover cost of meals and berths while on Lake Steamers.

C. P. EAST OF WINNIPEG

On the going journey West of Winnipeg, tickets will be good only *via* C. P. Main Line, but for the return journey passengers may arrange, when purchasing tickets or when leaving Vancouver, to have return portion of tickets made good *via* Revelstoke, Arrowhead, Robson, Nelson, Kootenay Landing and Crow's Nest Pass Line. Thence return *via* All-Rail Line or *via* Lake Route, or *via* Soo Pacific to St. Paul, thence *via* Soo All-Rail or *via* Soo and Lake Steamer to Owen Sound ($3.50 to cover meals and berth on steamer); thence rail *via* Toronto and Montreal.

C. P. WEST OF WINNIPEG

WORLD'S FAIR

Delegates who wish to return *via* St. Louis may have their tickets routed *via* that city on return on payment of $10.00 additional when purchasing tickets.

PALACE SLEEPING CARS

Cost of double berth in Palace Sleeper:

Halifax to Montreal, is $4.00.

Painsec Junction, Moncton or St. John to Montreal, $2.50.

Montreal to Vancouver, $18.00.

Port Arthur to Vancouver, $15.00.

Via Lake Route, berths on Steamers are included in rates quoted for that route.

Those wishing berths in Palace or Tourist Sleepers should give me the earliest possible advice of space they will require, when and where they will board the train, number of berths wanted, and to what point they wish to occupy same.

I shall be pleased to correspond with anyone wishing information not given above, and will endeavor to give all information required, or have one of my Travellers or City Passenger agents call on you with full particulars.

Respectfully soliciting your patronage for the Canadian Pacific, I remain,

C. B. FOSTER,
District Passenger Agent.

St. John, N. B.

To insure room in special sleeper, send word to Mr. C. B. Foster, St. John, or Dr. Ross, Halifax, not later than August 1st.

Editorial Notes.

THE PROVINCIAL SANITARIUM.—We are pleased to announce that the Provincial Sanitarium at Kentville is now ready for the reception of patients. Applications for admission should be made to the Resident Superintendent. Drs. D. A. Campbell and M. Chisholm have been appointed by the Government examiners for this city, and it should be remembered that only cases suffering from tuberculosis of the lungs in its incipient stage, will be accepted for admission.

MEDICAL SOCIETY OF NOVA SCOTIA.—Owing to pressure on our space, we have been obliged to defer an account of the recent meeting of the Medical Society of Nova Scotia. The proceedings were entirely of a business nature, and will be published in the August number.

BROTHER DIDN'T COUNT.

It is a pleasant story that Dr. Gillespie, the present moderator of the Church of Scotland, tells of how he was nonplussed the other day by a ragged urchin with whom he got into conversation. He said: "My boy, who looks after you?" "Na buddy," was the quick reply. "Where is your father?" "He's deid." "Have you a mother?" "She's deid tae." "Have you not a sister, then?" "I nivir had yin." "But surely you have a brother?" "Yes, but he's at Glasca' College." "Well cannot he spare some time from studies to look after you a bit?" "No, sir, for he was born wi' two heids, and they keep him in a bottle."—*London News.*

PROFESSIONAL MODESTY.

AGENT: Doctor, can I get your ad for the *Weekly Boomer?*

DOCTOR: Certainly not, sir! Don't you know that it is impossible for physicians to advertise? But you may interview me on some scientific subject, two columns, payment in advance.—*Stray Stories.*

Society Meetings.

PROCEEDINGS OF THE MARITIME MEDICAL ASSOCIATION.*

The fourteenth annual meeting of the Maritine Medical Association, opened at 10.00 a m., July 6, 1904, in St. Paul's Parish Hall, Halifax, N. S., the President, George M. Campbell, M. D., in the chair.

Minutes of last annual meeting read and approved.

A letter of regret, at his absence, was read from Dr. H. D. Hamilton, Montreal. Letters were read from the Management of Victoria General Hospital and Nova Scotia Hospital, inviting the members to visit these Institutions.

Dr. G. C. Jones, Chairman of the Local Committee, then gave an address of welcome.

The Nominating Committee appointed, by the President, as follows:

Dr. W. B. Moore, Kentvtlle, N. S.
" C. D. Murray, Halifax, N. S.
" G. I. McKenzie, Pictou, N. S.
" G. C. Vanwart, Fredericton, N. B.
" G. A. B. Addy. St. John, N. B.
" F. H. Wetmore, Hampton, N. B.
" R. MacNeill, Charlottetown. P. E. I.
" A. Ross, Alberton, P. E. I.
" F. P. Taylor, Charlottetown, P. E. I.

The President then gave his address on the "History of Vital Statistics." (Published in this number.)

Moved by Dr. MacNeill, and seconded by Dr. Birt, that a vote of thanks be tendered the President and the address be referred to a committee. Committee appointed, Drs. March, MacNeill and Addy.

Dr. Arthur Birt, Berwick, N. B., then read a paper on "Some Common and Uncommon Affections of the Feet met with in Practice."

Dr. A. B. Atherton, Fredericton, N. B,, followed with a paper, "A case of Gall Stone in the Common Duct without pain. Operation—Recovery."

A discussion followed this paper. Dr. Birt thought the paper enforced the need of the exploratory incision in acute abdominal diseases.

Dr. McKeen, Glace Bay, advocated the use of drainage, instead of stitching, after operations on the common duct, the better plan being not to attempt suture.

Dr. Cullen, of Baltimore, emphasized the idea of early exploratory operation, not only in the common duct but also in the stomach,

*All papers read will be published in the NEWS.

when affected. He also thought it wise to leave a good sized drainage in the duct.

Dr. Atherton then replied.

Committee on President's Address now submitted the following report;

To the President of the Maritime Medical Association and members:

We, your committee, to whom was referred the President's address, beg to report as follows:

1. That we heartily appeove of the importance of vital statistics, and congratulate the President on the amount of historical information gleaned by him, which must be of value to every man in these Provinces.

2. We recommend that the Federal Parliament be memorialized on the subject, with a view of obtainiug full, practical and uniform legislation for the whole Dominion.

3. We would recommend that the whole text of the President's Address be published in the "Maritime Medical News."

All is respectfully submitted.

H. A. March, Chairman.
R. Macneill.
G. A B. Addy.

Moved by Dr. MacNeill and seconded by Dr. Trenaman that the report be accepted. Carried.

Dr. VanWart, Fredericton, N. B., then read a paper on "A case of Acute Suppurative Perihepatitis. Operation—Recovery."

In discussion, Dr. E. A. Codman of Boston asked if the appendix was normal and whether, after making incision, it could be seen that the cause was not the appendix. Also stated that, in making diagnosis, great care should be taken to find out the cause of trouble.

Dr. Atherton. of Fredericton, reported a case of perforation of small intestine due to heavy lifting.

Dr Cullen, Baltimore, agreed with Dr. Codman that the essential point is to get at the cause of the trouble, and where a definite diagnosis cannot be made to explore at once. He cited a case where, a few days after heavy lifting, a perinephritic abscess developed.

Dr. Vanwart. in replying, said that the appendix was normal.

Dr. L. M. Murray, Halifax, N. S., followed with a paper on "Some points in Urinalysis."

Discussed by Dr. Hamilton, Montreal, who stated that many cases were seen where casts were present and no albumen. Cylindroids with casts would appear to resemble casts in their significance.

AFTERNOON SESSION.

Telegrams were received from Drs. H. Cameron, Maccan, and P. C. Murphy of Tignish, regretting their unavoidable absence and wishing the Association a pleasant meeting.

The President of the Nova Scotia Medical Society, Dr. Chisholm, then read his address on "Pelvic Hemorrhages." Before taking up the discussion of the subject, he referred to those who had died during the year, viz.: Drs. D. H. Muir, Truro: H. D. Densmore, Elmsdale; F. S. Wade, Port Maitland; R. A. Dakin, Pugwash; P. C. C. Cameron, Westville, and Mr. Hardy, a fourth year medical student, who died in Labrador.

In discussion of this paper, Dr. Cullen congratulated Dr. Chisholm on his able address and the success which had attended the different cases reported. He also spoke of several somewhat similar cases in his own practice. He recommended early operation.

Moved by Dr. Addy, St. John, and seconded by Dr. Wetmore, Hampton, that a vote of thanks be tendered Dr. Chisholm on his admirable address. Carried.

Dr. D. G. J. Campbell then read a paper written by Dr. C. Simon of Baltimore, who was unable to be present. The subject was "Blood examination in Suppurative Cases."

Drs. Addy and Cullen spoke on the paper, the latter quoting the following case: Pain in the iliac fossa, absence of eosinophyles, no rigidity but found abdomen full of milky fluid. Appendix adherent and it was removed. Found a stricture of intestine and a perforation of ascending colon.

Moved and passed that a vote of thanks be tendered Dr. Simon.

Dr. Henry P. Clay, Pugwash, N. S., followed with a paper on "Medical Protection.—Insurance fees, Railroad fees, etc."

Dr. Farrell thought that Dr. Clay deserved encouragement, and should receive some endorsement from the Association, and moved that a committee be appointed by the Chairman to deal with any grievances contained in Dr. Clay's paper, and take up the subject of medical fees, etc. Seconded by Dr. Walker. Carried.

The President then appointed Drs. Farrell, H. Stewart and Wetmore, as a committee to confer with Dr. Clay, and report to-morrow.

Evening Session.

The first paper was that of Dr. T. S. Cullen, of Baltimore, on "Uterine Hemorrhages and their causes." His address was illustrated by drawings.

In discussion, Dr. Chipman, Montreal, was glad that attention had been drawn to the early prognosis of cancer.

Dr. Cushing, Boston, referred to the necessity of educating the women of the country to have uterine hemorrhages attended to, instead of taking all kinds of physic.

Dr. J. Stewart, Halifax, emphasized the value of microscopic work in diagnosis by examination of scrapings.

Dr. Cullen, in reply, touched upon the subject that so many cases come to the notice of the general practitioner, when it is too late. Further stated that there should be a pathological basis for the work.

Dr. Walker, St. John, moved a vote of thanks to Dr. Cullen for his able address.

In seconding the motion, Dr. McKeen, Glace Bay, said that one reason why so many cases do not present themselves to the medical profession is due to the fact that the magazines and papers are filled with advertising matter, which women take advantage of instead of consulting the physician. He felt that it is a matter for regret that many of the medical journals give space to the same kind of advertising matter. Motion carried.

Dr. Codman, of Boston, then followed with his paper, "The use of X Ray in the Surgery of Diseases of the Bones." Said that he had always worked particularly in the interpretation of the X Ray picture. He dealt with the subject under four heads: (1) Knowledge of the essentials of an X Ray picture; (2) The knowledge of the normal X Ray anatomy; (3) A knowledge of the pathology of different forms of bone diseases; (2) The ability to form diagnosis from the X Ray picture. This address was illustrated by blackboard drawings and a series of most interesting screen pictures from lantern slides, showing various phases of diseased bones. He considered the X Ray important in that it showed when to amputate.

Moved by Dr. Weaver, Halifax, and seconded by Dr. DeWitt, Wolfville, that a vote of thanks be tendered Dr. Codman. Motion carried.

Dr. W. Chipman, Montreal, next read a paper on "Some Recent Developments in European Gynæcology." The first part gave an account and description of his impressions of the Hospitals in Vienna, Berlin, London, Edinburgh, and Liverpool. The second part dealt with clinical and operative work. The Doctor took up the method of extirpation of uterine cancer. He believed the right and proper treatment to be the removal of the organ. Then proceeded to give a report of the different methods employed in performing the operation. He considered the best method to be the abdominal instead of vaginal.

Moved by Dr. March and seconded by Dr. Trenaman that a vote of thanks be tendered Dr. Chipman. Carried.

July 7th.

MORNING SESSION.

The Nominating Committee reported as follows:—President, S. R. Jenkins, M. D., Charlottetown, P. E. I.; Vice Presidents, F. F. Kelly, M. D., Charlottetown, P.E.I.; G. E. DeWitt, M.D., Wolfville, N. S.; G. C. VanWart, M. D:, Fredericton, N. B.; Secretary, T. D. Walker,

M B., St. John, N. B.; Treasurer, W. Huntley McDonald, M. D., Antigonish, N. S.; Local Committee, P. Conroy, M. D.; J. Warburton, M. D.; F. P. Taylor, M. D.; R MacNeill, M. D.; G. F. Dewar, M. D.; Local Secretary H. D. Johnson, M. D.

Moved and passed that the report be adopted. Carried.

Next in order came general business, which included presentation of bills and the Treasurer's Report, read by Dr. Walker in the absence of Dr. Sutherland. Moved and passed that the report be handed over to an Auditing Committee. The President then appointed Drs Wetmore and H. Stewart as Auditors.

Dr. G. C. Jones gave notice of motion as follows: That Section I, Act III be amended to read, "at any place in the Maritime Provinces." Discussion followed.

Dr. DeWitt spoke of the meeting of the Canadian Medical Association, and asked if it would be advisable and agreeable for the Association to meet here some time, if so decided by that meeting.

Dr. Jones thought that possibly next year the Association might accept an invitation to the Maritime Provinces.

Dr. MacNeill moved that the Secretary be instructed to send a copy of the motion of Dr. Jones to each of the three Societies of the Maritime Provinces. Carried.

Dr. Walker said that last year, a grant of $50.00 was given to the Maritime Medical News for the publication of the transactions of the meeting of the Association, and moved that the same amount be granted this year. Seconded by Dr. MacNeill. Carried.

Dr. W. F. Hamilton, of Montreal, then followed with the "Address in Medicine." His remarks were based on his clinical experience in the Hospital with which he is connected, with special reference to errors of diagnosis.

In discussion, Dr. DeWitt said that one strong point of the paper was that it showed the difficulty of diagnosis; and it must be encouraging to some present to hear, from such a source, that many diseases are attended with difficulty of diagnosis. Cited the case of a lady, who had hemorrhages presumably of the lungs. On examination, no lesion found, no cough, no sputum but there would be at night a little hemorrhage and a bloody taste in the mouth in the morning. After several attacks, extending over three years, it was discovered that the cause was a varicose condition of the veins at the base of the tongue. After treatment for that trouble the patient is apparently now well, having had no recurrence of the hemorrhage for six months.

He then moved a vote of thanks to Dr. Hamilton. Dr. Goodwin in seconding the motion, said that he considered it very fitting that Dr. Hamilton should read a paper before this Association, as he is a maritime boy. He also thought that in the reading of this paper

many would find themselves on more familiar ground, than in some others which had been delivered.

Dr. Jones gave a notice in regard to the Smoking Concert to be held at the Armouries in the evening.

Mr. Foster of the C. P. R. then spoke in reference to the proposed excursion to Vancouver, for the purpose of attending the meeting of the Canadian Medical Association. He gave information as to route, rates, etc.

Dr. Ernest Cushing of Boston, followed with a paper, "A case of Tuberculous Kidney and Ureter." Specimens were shown from the two cases cited. The paper was then discussed.

Dr. J. Stewart spoke of the danger of affecting the bladder from the kidney, and also of the difficulty in distinguishing whether the disease is in the bladder or the kidney. Sometimes instead of scattered foci, the whole kidney seems converted into an abscess, and when the kidney is removed a layer of secretive substance is still left. When considerable amount of secreting substance is left, perhaps the safest way is to incise, drain and later remove the kidney. He moved a vote of thanks, which was seconded by Dr McKeen, who agreed with what Dr. Cushing had said. Thought it better to take the chance and have the operation performed.

Dr. Walker referred to a case of tuberculous kidney in which creasote had good effect, while salol had no effect at all. Later the other kidney became involved and the pain was referred to the bladder.

Motion carried.

Dr. Cushing said, in reply, that in opening a tuberculous kidney there is always danger of infecting the wound. Better wait until compensation is established in the other kidney.

Dr. Kirkpatrick, Halifax, N. S., then read a paper, "Legislation for the prevention of Blindness." Asked that a resolution be passed by the Association and a committee appointed to deal with the matter.

Dr. Jones said legislation was passed in the matter of ophthalmia. Dr. Kendall brought a bill into the House of Assembly, which was passed. When it reached the Legislative Council, Dr. Parker considered that it was not workable in the way it was worded, and it was thrown out. Suggested, that if a bill be drawn up on the basis of the Maine Law, it might be passed.

Dr. Walker thought it a most important matter, and even if legislation could not be obtained, a great deal of good might be done, if the medical profession kept this matter always before them. He had found in Maternity Hospital work, that the only kind of legislation that kept the disease down was nitrate of silver.

Dr. M. A. B. Smith spoke of a case in which he used 25% solution of argyrol. Although a bad case, the child recovered. He then read the following resolution: *Resolved*, That this Association approves of

an appeal to the legislatures of the Maritime Provinces seeking legis lation for the prevention of blindness, such legislation to be along the lines of Dr. Kirkpatrick's paper. Resolution carried. The President then appointed the following Committee: For Nova Scotia, Drs. Kirkpatrick and W. Huntley MacDonald; for Prince Edward Island, Drs. Murphy and H. D. Johnson; for New Brunswick, Drs. Thos. Walker and J. R. McIntosh.

Dr. R A H. MacKeen, Glace Bay, N S., then followed with a paper, "Goldthwaite's Operation for the Relief of Recurrent Slipping of the Patella, with Report of a Case." This address was illustrated by a diagram. Said, in closing, that he knew of no operation that was more successful than the one just described.

Dr. Walker complimented Dr. MacKeen on the clearness and conciseness of his paper, and good diagram.

Dr. J. Stewart spoke of this operation having been performed at the smaller Hospitals of Nova Scotia, St. Joseph's at Glace Bay, and the Aberdeen at New Glasgow.

Dr. M. A B. Smith spoke of the use of steel appliances and reported a case where such treatment had been successfully used, in discloation of the knee cap.

Dr. J. Stewart, Halifax, N. S., read a paper on "Obstruction of the Œsophagus." His subject was illustrated by a diagram. Prognosis should be guarded. Cited a case where a toothpick had been taken from the œsophagus, after having been there six years.

Dr. Atherton spoke of a case of stricture of the œsophagus. The patient could not take any food or liquid except through a glass tube. Could not take a drink of water from a cup without regurgitation. The stomach was opened and a whalebone bougie inserted. For three cases of foreign bodies œsphagotomy was performed. In some cases, in order to get a string down into the stomach, there is trouble as the patient cannot swallow and it is necessary to use a whalebone bougie.

Dr Codman spoke of those with cancer, in which the question of relief is the important thing. Reported a recent case in his own practice. The chief difficulty was the desire for food and the inability to swallow it. The patient was hungry and kept trying to take food. After taking liquid there was regurgitation. Finally the smallest possible tube was put down and the patient fed through that. He considered it unwise to pass bougies in malignant disease. In the latter there is often trouble in passing the ordinary straight bougie, as you are apt to miss the opening, and then it is necessary to use one with a coudé curve. He spoke of foreign bodies in the bronchi in which, by performing tracheotomy and using a urethroscope, the foreign body can be pushed out.

LACTOPEPTINE TABLETS.

Same formula as Lactopeptine Powder. Issued in this form for convenience of patient—who can carry his medicine in his pocket, and so be enabled to take it at regularly prescribed periods without trouble.

"Everything that the science of pharmacy can do for improvement of the manufacture of Pepsin, Pancreatine, and Diastase, has been quietly applied to these ferments as compounded in Lactopeptine."
—*The Medical Times and Hospital Gazette.*

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Liquid Peptonoids with Creosote

Beef, Milk and Wine Peptonised with Creosote,

Liquid Peptonoids with Creosote is a preparation whereby the therapeutic effects of creosote can be obtained, together with the nutritive and reconstituent virtues of Liquid Peptonoids. Creosote is extensively used as a remedy to check obstinate vomiting. What better vehicle could there be than Liquid Peptonoids, which is both peptonized and peptogenic? It is also indicated in Typhoid Fever, as it furnishes both antiseptic and highly nutritive food, and an efficient antiseptic medicament in an easily digestible and assimilable form.

In the gastro-intestinal diseases of children, it also supplies both the food and the remedy, thereby fulfilling the same indications which exist in Typhoid Fever.

Each tablespoonful contains two minims of pure Beechwood Creosote and one minim of Guaiacol.

DOSE.—One to two tablespoonfuls from three to six times a day.

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Is a combination of highly efficient antiseptic remedies in fluid form designed for use as a lotion whenever and wherever **A CLEANSING AND SWEETENING** wash is required. It possesses a delightful balsamic fragrance and pleasant taste, and can be employed with great advantage

AS A CLEANSING LOTION AS A VAGINAL DOUCHE
AS A NASAL DOUCHE AS A MOUTH WASH
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WHOLESALE AND RETAIL. Please mention the MARITIME MEDICAL NEWS.

AFTERNOON SESSION.

The first paper was read by Dr. D. T. C. Watson, Halifax, N. S.:

Case reports—(a) "Interesting congenital tumor; (b) Graves' disease, an anomolous case."

In discussion, Dr. Doyle said that the chief point was the peculiarity of diagnosis in the second case. First thing in this disease is tachycardia, which is absent in Dr. Watson's case. Other symptoms can be explained as due to arterio-sclerosis. The tremor may be due to the nephritis. We do not know what the normal prominence of his eyes were. There is nothing to point to diagnosis except the exophthalmos.

Dr. Walsh was called upon but did not wish to make any remarks upon the paper.

Dr. Watson, in reply, claimed that the absence of tachycardia is a rare occurrence, but that he had given reasons for it in his paper. The tremor and nervousness as due to arterio-sclerosis is not tenable, as it was very extreme in this case. The cause of the disease is not any better understood than forty years ago.

Dr. W. B. Moore, Kentville, N. S., then followed with a paper, "Case of Carbolic Acid Poisoning." Treatment used was Jamaica rum and hypodermic injections of strychnine and atropine, recovery following.

Dr. Goodwin said that alcohol seems to be the antidote for carbolic poisoning.

Dr. M. A. B. Smith reported a case where a woman had taken a tablespoonful of carbolic acid. She at once took a drink of milk, but shortly became unconscious. The lips and mouth were burned, and, when on attempting to pass a stomach tube he found snch a resistance, due probably to stricture of the œsophagus, that it could not be done. Then used a large rectal enema of sulphate of magnesia. In addition gave brandy and strychnine. After several hours the patient showed signs of returning consciousness. Thought that sulphate of magnesia ought not to be overlooked as an antidote.

Dr. Wetmore spoke of an old man, who swallowed one onuce of carbolic acid immediately after eating a hearty dinner, which had been of a fatty nature. Dissolved sulphate of magnesia and poured it down. Patient vomited freely and there was no bad effect except that he was burned. If the sulphate was of any value in this case, it must have acted locally.

Dr. Armstrong reported the case of a woman who had been left alone in the house and was found unconsions, with a strong smell of acid prevailing. Thirty-five minutes after, on his arrival, found her in a state of coma. Could not get her to take any medicine, so poured some alcohol down, but did not think it reached the stomach. Also used hypodermic injections. Patient recovered.

Dr. Farrell then brought before the Association a young woman suffering from Raynaud's Disease.

The Secretary read the following telegram, which had been received from E. A. Lawson of the Confederation Life.

"Belated advice behalf of Life Officers' Association, asking me to represent its interests if fee question raised. It being impossible to return to Halifax in time, would ask your Association, as act of courtesy, to desist in any action favouring a change until Life Officers' Association be given an opportunity to confer with a committee of men from different points at a convenient date."

Dr. Walker stated that, as the telegram had been received at the time when it could not be brought before the meeting, and a reply was necessary, he had sent the following answer: "Feeling strong but in deference to request will try to defer action until next meeting, pending conference."

Dr. C. D Murray did not think that the telegram sent implicated the Association at all.

Dr. Clay considered that the medical profession had been slaves to the public, and thought that the matter should not be dropped until recognition had been granted to the same extent as is now given to the legal fraternity. Then moved the following resolution:

Resolved, that this Maritime Medical Association desires to place on record its appreciation of the action taken by the Lunenburg-Queens Medical Society, in refusing to accept Insurance Examinations at a less figure than $5.00, said action having been already endorsed by the Nova Scotia Medical Society.

Further resolved, that the Medical Societies of New Brunswick and Prince Edward Island, be requested to take the matter into consideration, as will as the fees for attending on Railway employees and other Corporations and Government services.

Further resolved, that the members of the profession throughout the Maritime Provinces, be urged to complete County Society organizations, with a view to still further betterment of our professional condition."

Dr. Reid did not recollect ever making a life insurance examination for less than $5.00.

Dr. DeWitt asked the question, whether the resolution referred to the making out of death certificates as well as to insurance examination. Said that at one time he made out five certificates and charged $12.00. The papers were sent to Halifax but returned by the executors, who said that he had made a mistake and charged too much, as a medical adviser in Halifax had said that $1.00 each was enough.

Dr. Clay thought that the payment for certificates rested entirely in the hands of the parties receiving benefit from the insurance. He knew of a surgeon at the hospital who had sent a bill for $5.00 for one certificate and received it. Resolution carried.

Dr. G. M. Campbell moved that a telegram of congratulation be sent to the first president of this Association, Dr. Bayard, of St. John, who had just passed his ninety-first birthday. Passed.

A telegram was received from Majors MacLaren and Bridges, and Lieut. Skinner who are at camp in Sussex, regretting their absence from the meeting and wishing the Association every success.

Dr. A. P. Reid then read a paper on "The Public Health Act in Nova Scotia."

In discussion, Dr. Clay said Dr. Reid's paper was a very timely one. Health Acts are very difficult of enforcement in the rural districts. The difficulty exists principally in providing funds for the enforcement of the Act. Said that the Committee, who had been appointed to interview the Government, found them willing to do what they could and they had carried out the promises made. Having made a start in securing a fairly workable Health Act, he thought the good work had better be continued. Those who have trouble in enforcing the Act have only to call upon Dr. Reid, Provincial Health Officer, as he has power to force the local authorities to act.

Dr. DeWitt moved the following resolution:

Resolved, That to carry out his duties, the Provincial Health Officer should make himself acquainted with the Municipal Councils and advise with them. He should see that the local Boards of Health are in working order and properly organized. He should visit all the health officers from time to time and see that they have a clear grasp of their duties. Should consult with the inspectors of schools to the end that the hygienic requirements be complied with."

Dr. DeWitt thought that the greatest harm in the country districts is from undrained soil, and considered that a law ought to be passed prohibiting a man from building a house on land, which had not been properly drained.

Dr. Armstrong seconded the resolution.

In connection with the resolution Dr. L. M. Murray read Sections VI and IX of the Health Act. He also spoke of the salary of the Provincial Health Officer and thought if it was not sufficient to allow him to do his duty it ought to be increased.

Dr. Cowie did not favor the idea of entering into any negotiations with the Provincial Government in regard to salary. Spoke of the duties of the health officer.

Dr. Reid said our business is not to dictate to the Government. The Act is general, but does not cover details. The Health Officer should know all the Municipal Councils, Health Boards, as well as doing the duties spoken of in the Act. The resolution was purely suggestive, merely stating what the Association would expect the officer to do. Could not find out anything about salary.

Dr. Ross thought that the matter under discussion belonged to the Nova Scotia Society instead of the Maritime Medical Association.

President ruled the resolution out of order.

Dr. Wetmore, did not think much would be done by dealing with the Municipal Councils, but have good Health Boards. In New Brunswick the Government appointed a chairman in each district.

The Municipal Council then appointed two others. If the Health Officer would communicate with the heads of the local boards and try to enthuse them, m re would be accomplished than by dealing with Municipal Councils.

Moved by Dr. W. H. McDonald and seconded by Dr. Clay that a vote of thanks be tendered to the railway and steamboat authorities, also to the "Maritime Medical News." Carried.

Moved by Dr. Armstrong and seconded by Dr. Wetmore that a hearty vote of thanks be tendered the medical profession of Halifax, for the way in which they had entertained the Association. Carried.

The President, Dr. Campbell, in reply said, "We are only pleased that you are pleased."

Moved by Dr. Wetmore and seconded by Dr. DeWitt, that a vote of thanks be tendered to the President and Secretary for the manner in which they had performed their duties. Carried.

Moved by Dr. DeWitt and seconded by Dr. Wetmore, that the paper of Dr. Weaver, Halifax, on "Some Notes on Cases Treated with the X Ray." be read by title. Carried.

Dr. Campbell said, in closing, that he appreciated the honor that had been accorded him, in having been elected President for the past year.

Meeting adjourned.

THE ST. JOHN MEDICAL SOCIETY.

March 23, 1904. The President, Dr. Gray, in the chair.

Dr. G. A B. Addy, exhibited a post mortem specimen of a chronic duodenal ulcer which had proved rapidly fatal to a young man after perforation had occurred. An interesting discussion followed on the diagnosis of such cases, more particularly in regard to the question of referred pain which in this case was felt near the shoulder.

March 30, 1904. Meeting held in the G. P. Hospital, where a clinical evening was greatly enjoyed. Drs. M. MacLaren and T. D. Walker showed a number of interesting cases, including a growth from an arm after a horse bite (gumma ?); a diseased head of femur; pulsating abdominal tumor; epispadias; concussion of brain. A series of cardiac cases exhibiting various murmurs with explanatory remarks in regard to each by Dr. Walker ended a most enjoyable meeting and one highly appreciated by all the members present.

April 6, 1904. Dr. Macaulay read a paper on "Tachycardia," and reported on four cases which had occurred in his practice.

April 13, 1904. This meeting was chiefly taken up by discussing a paper on "Lacerations of the Cervix," which had recently appeared in a medical journal, and was brought before the Society by the Secretary, Dr. Barry.

April 20, 1904. Dr. Barry read a paper on "Influenza," remarking more particularly on the form which that disease had taken this spring.

April 27, 1904. Dr. G. A. B. Addy showed a case of extensive fibrinous pericarditis, and related a history of the case which gave rise to a lengthy discussion.

May 4, 1904. Dr. Hartt gave a report of a case of "Dislocation of a Cervical Vertebra." The patient, a man, had fallen backwards from a cart and struck the ground with violence. He did not lose consciousness, but his head was turned towards his right shoulder. Abdominal breathing, paralysis of both lower and left upper extremities and absence of reflexes were the chief symptoms. At operation the spinous process of the fourth cervical vertebra was found out of position. No fracture could be made out, and the spinal canal was apparently intact. Unfortunately, however, reposition of the spinal process did not prevent a fatal termination.

May 11, 1904. At this meeting the President spoke strongly and at length on "Isolation and Disinfection in regard to Tuberculosis."

May 25, 1904. The annual meeting of the Society was held and the following officers elected for the ensuing year:— President, Dr. O. J. McCully; Vice-President, Dr. J. M. Barry; Secretary, Dr. T. H Lunny; Treasurer, Dr. Jas. Christie; Librarian, Dr. Margaret Parks.

LUNENBURG-QUEENS MEDICAL SOCIETY.

The Lunenburg-Queens Medical Society held its annual meeting at Bridgewater, on June 14th. Seventeen (17) out of the twenty-three (23) practitioners of Lunenburg county were present. The time was altogether taken up with business and the election of officers.

The five dollar minimum life insurance examination fee set by the society was up for discussion. The Life Insurance Officers' Association was represented by Messrs Lawson, Weston and Hall, and they stated the case from the insurance companies' standpoint They claimed that it was impossible to raise the examination fee from three to five dollars without increasing the premiums and that the fee allowed was adequate for the service rendered. The question was freely discussed but no definite action was taken. The secretary was asked to have the question brought up before the Nova Scotia Medical Society.

The new officers elected for ensuing year are as follows:—President, A. M. Hebb, M. D., Chester; Vice-President, E. R. Faulkner, M. D., Mahone; Secretary-Treasurer, W. H. Macdonald, M. D., Rose Bay; Executive, in addition to above, Dugald Stewart, M. D., Bridge water; R. H. Burrell, M D., Lunenburg.

The next meeting of the society is to be held at Chester in August.

Personals.

The position of superintendent to the Provincial Hospital for the Treatment of Nervous Diseases, St. John, N. B., has recently been filled by the appointment of Dr. Anglin, a native of Kingston, Ontario. Since his graduation he has been much interested in the subject of nervous diseases, and for the past eight years has been assistant superintendent, at Verdun, the large Protestant asylum in Montreal, where Dr. Burgess is superintendent. He will enter upon his new duties about the end of September.

Dr. Andrew Love, Sydney Mines, and Miss Annie Ada, daughter of Mr. Grahan Fraser, were united in marriage on the 6th inst. The ceremony took place at the home of the bride, "Beech Hill," Sydney Mines. The NEWS extends best wishes to the happy couple.

Dr. T. S. Cullen, of Baltimore, who has been enjoying camping life in the vicinity of Hubbard's Cove for two weeks, has left for home. Dr. Cullen will always be welcomed by the profession of Halifax.

Obituary.

Dr. V. J. A. Venner.—Dr. Victor J. A. Venner died suddenly at Campbellton, Wednesday, July 6th, at the age of 55. In 1875 he settled in Campbellton and built up a large practice. He was a member of the Campbellton Board of Trade, and for several years past has been one of Campbellton's Board of School trustees. He leaves a wife and four children.

Book Reviews.

International Clinics:—A quarterly of illustrated clinical lectures and especially prepared original articles on Treatment, Medicine, Surgery, Neurology, Pediatrics, Obstetrics, Gynecology, Orthopedics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene, and other topics of interest to students and practitioners, by leading mem-

bers of the medical profession throughout the world; edited by A. O. J. Kelly, A. M., M. D., Philadelphia, U. S. A. Volume II, 14th series, 1904, price $2 per volume. Published by the J. B. Lippincott Co., Philadelphia. Canadian representative, Charles Roberts, Montreal.

The special feature of the current number of the ever popular International Clinics is a series of articles on diseases of warm climates. The volume opens with an extremely interesting and well illustrated article on the Spread of Diseases by Insects, with Suggestions regarding Prophylaxis, by Major Chas. F. Mason, M. D., of the U. S. Army. This is followed by an equally valuable article upon Recent Progress in Tropical Medicine, by Dr. John McCrae, of Montreal. Dr. M. Jarvis, of Paris, contributes a short article on the Sleeping Sickness, and Dr. S. Kenellis, of Athens, Greece, a brief paper on the Etiology of Bilious Hemoglobinuric Fever, in which he asserts that the causes of this condition are two in number, malaria and the various preparations of quinine. Then follows an elaborate article on Malarial Hemoglobinuria, by Dr. Wm. Krauss, of Memphis, and this is succeeded by a full description of uncinariasis, by Dr. Allan J. Smith, of Philadelphia. Liver Abscess and its treatment is very fully discussed by Jas. Cantlie, F. R. C. S., while the Diagnosis and Treatment of Abscess of the Liver receives adequate discussion by Professor Jas. E. Thompson, of Galveston. The series of articles is completed by a very practical paper on the Treatment and Mode of Life to be Pursued on return to a cold climate by those suffering from the commoner effections incidental to a sojourn in tropical countries, by Dr. Andrew Duncan, of London.

In the section on treatment, various questions associated with the subject of arterial sclerosis and cardic conditions are discussed by Drs. John B. Nichols, of Washington, D. C.; Walter L. Bierring, of Iowa City; Dr. Jas. M. French, of Cincinnati, and Dr. Eli H. Long, of Buffalo.

Dr. Frank Billings, of Chicago, contributes a clinical lecture dealing with several conditions commonly met with. Dr. Wm. H. Katzenbach deals with the subject of neurotic asthma, and Dr. Geo. E. Malsbary, of Cincinnati, contributes a somewhat lengthy lecture on osteomalacia. There are also several very valuable articles in the sections of surgery, pediatrics and rhinology.

Therapeutic Notes.

Enterocolitis and Cholera Infantum.—Cleanse the intestinal tract with calomel and a saline or with castor oil. Prescribe a suitable diet, easily digested and non-irritating. Irrigate the rectum and colon at suitable intervals with normal salt solution or some mild antiseptic, using for the purpose a soft rubber catheter or colon tube.

Instead of opiates, which lock up the secretions and thereby favor autointoxication, relieve the muscular rigidity and the excruciating pain which is such a drain upon the vital forces, by the use of Antiphlogistine as hot as can be borne to the entire abdominal walls and covered with absorbent cotton and a compress. If the patient is not too far gone, the effect will be astonishing. The little sufferer, who until now has been tossing in agony and restlessness, with drawn features, will in most cases quickly become

quiet; the drawn look will leave the face and a restful slumber will often supervene and start him upon the road to recovery.

The explanation of this, in part, is not far to seek. The heat and moisture combined with Antiphlogistine's well-known hygroscopic properties, directly soothe the inflamed parts, reflexly contracting the visceral blood-vessels and relieving their engorgement. The tension of the muscular and nervous systems is further relieved by the action of Antiphlogistine through the solar plexus thus adding to and emphasizing its local effects upon the inflamed intestines.

Good and Seasonable.—A word about some remedial preparations which the busy practitioner will find always useful, particularly at this season of the year, will no doubt be of interest. First, we will mention the old time-tried antikamnia and salol tablet, so useful during the hot weather, when even the "grown folks" load up their stomachs with the first offerings of the season. Hare says: "Salol renders the intestinal canal antiseptic and is the most valued drug in intestinal affections." The anodyne properties of antikamnia in connection with salol render this tablet very useful in dysentery, indigestion, cholera morbus, diarrhœa, colic, and all conditions due to intestinal fermentation. Then the "triple alliance" remedy so well and favorably known by its self explanatory title, namely: "Laxative Antikamnia and Quinine Tablets." To reduce fever, quiet pain, and at the same time administer a gentle tonic-laxative, is to accomplish a great deal with a single tablet. Among the many diseases and affections which call for such a combination, we might mention coryza, coughs and summer colds, chills and fever, biliousness, dengue and malaria with their general discomfort and great debility.

We cannot overlook our old friend the antikamnia and codeine tablet. The efficacy of this tablet in neuroses of the larynx is well known, but do all of our Doctor friends know that it is especially useful in dysmenorrhœa, utero-ovarian pain and pain in general caused by suppressed or irregular menses? This tablet controls the pain of these disorders in the shortest time and by the most natural and economic method. The synergetic action of these drugs is ideal, for not only are their sedative and analgesic properties unsurpassed, but they are followed by no unpleasant after-effects.

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The enviable reputation of the Viburnum Compound of Dr. Hayden, H. V. C., in obstetrics and in the treatment of diseases of women, has encouraged unscrupulous manufacturers to imitate this time-tried remedy. If you desire results, you must use the genuine only—beware of substitution.

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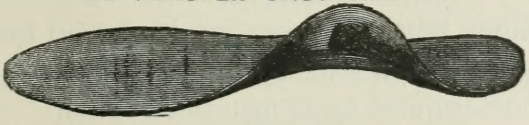

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